



STATE OF WASHINGTON INVOICE VOUCHER

AGENCY NAME

State of Washington - DSHS ADSA- Division of Developementa Disabilities PO Box 45310 Olympia, WA 98504-5310

VENDOR OR CLAIMANT

| AGENCY USE ONLY | | | | | | | | | | |
|-----------------|---------------|------------------|--|--|--|--|--|--|--|--|
| AGENCY NO. | LOCATION CODE | P.R. OR AUTH NO. | | | | | | | | |
| 3000 | | | | | | | | | | |

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show comlete detail for each item.

Vendor's certificate: I hereby certify under penalty of perjury that the items and totals listed herin are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handisen religion or Vietnam era or disabled veterane Status

| BY | | |
|----|---------------|---------------|
| _ | (SIGN IN INK) | |
| | (TITLE) | (DATE) |
| ВҮ | | DATE RECEIVED |

| FEDER | IL I.D. NO. OR SOCIAL SECURITY NO.(For Reporting Personal Services Contract Payments to I.R.S.) | | | | | | | | | | RECEIVED BY | | | | | | ECEIVED | | | | | |
|---------------------------------|---|-------------|------------------------------|--------------------|---------------|---------------|---------------|-----------|------------|--------------------|-------------|---------|-----------------|------------------|----------------|-------------|--------------|--------|--|----------------|--|--|
| | DATE | DESCRIPTION | | | | | | | QI | UANTITY | UNIT | UNI | T PRICE | E AMOUNT | FOR AGENCY USE | | | | | | | |
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| PEREPARED BY TELEPHONE NUMBER | | | | | | | DAT | F | | Δ. | GENCY AF | PPROVAL | | | | DATE | | | | | | |
| | | | | TELEPHONE NUMBER | | | | | | | | | AGENCY APPROVAL | | | | | | | | | |
| DOC. DATE PM | | PMT DUE D | IT DUE DATE CURRENT DOC. NO. | | | REF. DOC. NO. | | | | DOR N | UMBER | VENDOR | | | RMESSAGE | BI NUMBĒI | र | | | | | |
| REF TOOC SUF | TRANS CODE | M O D | FUND | MAST APPN INDEX | PROGRAM INDEX | SUB OBJ | SUB SUB OI | ORG INDEX | WORK CLASS | COUNTY BUDGET UNIT | | | | CITY/TOWN MOS | PROJ | SUB PROJ | PROJ PHAS | AMOUNT | | INVOICE NUMBER | | |
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| ACCOUNTING APPROVAL FOR PAYMENT | | | | | | | DATE | | | | | | WARRANT TOTAL | | WARRANT NUMBER | | | | | | | |
| | -A191A-11- | | | | | | | | | | | | A-11- | | | | | | | | | |